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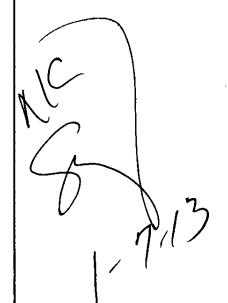
(Reque	estor's Name)
(Addre	ess)
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PICK-UP	itate/Zip/Phone #) WAIT MAIL
(Busin	ess Entity Name)
(Docur	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations

1

NAME OF CORPORATION: NATIONAL METROPOLITAN ENFORCEMENT COP	<u>~</u> f
DOCUMENT NUMBER: 1200029145	•
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TVAN V PENA	
Name of Contact Person	
NATIONAL METROPOLITAN ENFORCEMENT CORP	
3215 PERSHING ST	
Address	
KISSIMHEE FL 34741	
/ City/ State and Zip Code	
D-2000 03 - 01/25 10 - 00 1	
E-mail address: (to be used for future annual report notification)	
E-man address. (to be used for future amitual report nonneation)	
For further information concerning this matter, please call:	
· · · · · · · · · · · · · · · · · ·	
IVAN V. PENA at 407 529-5116	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee	
Certificate of Status Certified Copy Certificate of Status	
(Additional copy is Certified Copy	
enclosed) (Additional Copy is enclosed)	
is eliciosedy	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

	to		7.	El Em
Artic	les of Incorporation		12 050	
	of		rsfor.	3/ 0
NATIONAL METROPOLIT (Name of Corporation as currently filed w	AN ENFORCE	CEMENT	- Confi	PY OF 2.5
D 10 000 20	In the Florida Debt. of	<u>1 State</u>)		EE, FISTATE
P1200029/	<u>445</u>			PIDA
(Document Number of Corp	ration (if known)			-1
Pursuant to the provisions of section 607.1006, Florida Stati its Articles of Incorporation:	ntes, this <i>Florida Profit</i>	Corporation ado	pts the following a	mendment(s) to
A. If amending name, enter the new name of the corporation of the corp	PLITAN PAR prporation," "company, ac," or "Co". A profes		ated" or the abbi	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	Σ)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name	of the	
Name of New Registered Agent				
· · · · · · · · · · · · · · · · · · ·	lorida street address)			
New Registered Office Address:		, Florida		
41.50.000.000.000.000.000.000.000.000.000	(City)	,	(Zip Code)	
Nam Begigtered Agent's Signature if shanging Begigtere	d Agenti			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am		the obligations	of the position.	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Address</u>
1) Change	<u> </u>	_		
Add				
Remove				
2) Change			,	
Add		_		
Remove				
3)Change	<u> </u>	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Pemove				

amending or adding additional Ar ttach additional sheets, if necessary)	(Be specific)	
····	<u>_</u>	
	<u> </u>	
rovisions for implementing the am	change, reclassification of the contract of th	on, or cancellation of issued shares, ained in the amendment itself:
(if not applicable, indicate N/A)		

The date of each amendment(s) ad	
Effective date <u>if applicable</u> :	NECEMBER 27, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated/	2-21-2012 m V
(By a di selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Tvan V Peña (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESidenT
	(Title of person signing)